UNITED STATES DISTRICT COURT
DISTRICT OF MICHIGAN
SOUTHERN DIVISION

Erika Ren''ee Hunter

Case No:
Judge:

Plaintiff,

vs.

Retrieval-Masters Creditors Bureau, Inc.
aka American Medical Collection Agency

Defendant.
_____/

COMPLAINT AND JURY DEMAND

NOW COMES THE PLAINTIFF, Erika Ren''ee Hunter, by and through her attorneys, James C. Warr & Associates, PLC, and for her Complaint states as follows:

1. Jurisdiction of this Court arises under 28 U.S.C. § 1331 and pursuant to 15 U.S.C. § 1692k(d).
2. This action arises out of Defendant's violations of the Fair Debt Collection Practices Act, 15 U.S.C. § 1692 et seq. ("FDCPA").
3. Venue is proper in this District because the acts and transactions occurred here, Plaintiff resides here, and Defendants transacts business here.

PARTIES

4. Plaintiff Erika Ren''ee Hunter is a natural person who resides in Macomb County, Michigan, and is a "consumer" as that term is defined by 15 U.S.C. § 1692a(3).
5. Defendant Retrieval-Masters Creditors Bureau, Inc. (aka American Medical Collection Agency) is a collection agency operating from an address of 4 Westchester Plaza, Suite 110, Elmhurst, NY 10523, and is a "debt collector" as that term is defined by 15 U.S.C. § 1692a(6).

FACTUAL ALLEGATIONS

6. On or around October 4, 2013, and October 16, 2013, the Plaintiff incurred financial obligations that were primarily for personal, family or household purposes and are therefore "debts" as that term is defined by 15 U.S.C. §1692a(5), namely, debts with Quest Diagnostics Incorporated.

7. Sometime thereafter, the aforementioned debts were assigned, placed or otherwise transferred to the Defendant for collection from the Plaintiff. (See attached Exhibits A-J.)

8. On or about May 9, 2014, at approximately 3:21 p.m., the Defendant called the Plaintiff. (See attached Exhibit K.)

9. The Defendant asked if the Plaintiff was "Erika."

10. The Plaintiff indicated that she was indeed "Erika."

11. The Defendant thus knew that the Plaintiff was the consumer.

12. The Defendant asked Plaintiff to verify her address.

13. The Plaintiff refused to verify her address until the Defendant identified itself.

14. The Defendant stated that it needed to verify the Plaintiff's personal information in order to route her to the correct department.

15. The Plaintiff refused to give her address unless the Defendant identified itself.

16. The Plaintiff then terminated the call.

17. At no time did the Defendant make any disclosure of his identity. (The caller sounded male).

18. At no time did the Defendant indicated that it was a debt collector attempting to collect a debt and that all information obtained would be used for that purpose.

19. Upon information and belief, the communication was made in connection with the collection of a debt.

20. The Defendant did not reveal the purpose of its communication to the Plaintiff.

21. At 11:49 a.m. on May 9, 2014, the Plaintiff filed a Chapter 7 bankruptcy (In re Erika R. Hunter, Chapter 7 bankruptcy case no. 14-48109-tjt, (Bankr. E.D. Mich. 2014)).

22. The call from the Defendants occurred at 3:21 p.m. on May 9, 2014.

23. Therefore this claim is not part of the Plaintiff's bankruptcy estate because it accrued after the filing of the bankruptcy petition.

VIOLATION OF THE FAIR DEBT COLLECTION PRACTICE ACT

24. Plaintiff incorporates by reference paragraphs 1 through 23.

25. The FDCPA, specifically 15 U.S.C. 1692(d)(6), prohibits the placement of telephone calls without meaningful disclosure of the caller's identity.

26. The Defendant failed to make a meaningful disclosure of its identity when it called the Plaintiff on May 9, 2014.

27. The FDCPA, specifically 15 U.S.C. 1692e(11), prohibits the failure of a collection agency, in any communication with a consumer, to disclose that it is a collection agency attempting to collect a debt and that any information obtained will be used for that purpose.

28. The Defendant failed to make the disclosure required by 15 U.S.C. 1692e(11) when it called the Plaintiff on May 9, 2014.

29. As a result of Defendant's violations of the FDCPA, Plaintiff is entitled to an award of statutory damages, costs, and attorney fees.

DEMAND FOR JURY TRIAL

30. The Plaintiff demands a trial by jury for this action.

WHEREFORE, the Plaintiff prays that this Honorable Court enter judgment in her favor and against the Defendant as follows:

a. Statutory damages of $1,000.00 pursuant to the Fair Debt Collection Practices Act;

b. an award for costs and reasonable attorney fees pursuant to 15 U.S.C. §1692k(a)(3); and

c. such other relief as might be just and proper.

Respectfully submitted,

/s/ James C. Warr

JAMES C. WARR (P47001)
James C. Warr & Associates, PLC
Attorney for Debtor(s)
24500 Northwestern Hwy., Suite 205
Southfield, MI 48075
(248) 357-5860
attywarr@sbcglobal.net

Dated: 12/16/2014

UNITED STATES DISTRICT COURT
DISTRICT OF MICHIGAN
SOUTHERN DIVISION

Erika Ren''ee Hunter

Case No:
Judge:

Plaintiff,

vs.

Retrieval-Master's Creditors Bureau, Inc.
aka American Medical Collection Agency

Defendant.
_____/

VERIFICATION OF COMPLAINT AND CERTIFICATION

Plaintiff Erika Ren''ee Hunter, having first been duly sworn and upon oath, deposes and says as follows:

1. I am the Plaintiff in this civil proceeding.
2. I have read the above-entitled civil Complaint prepared by my attorneys and I believe that all of the facts contained in it are true, to the best of my knowledge, information and belief formed after reasonable inquiry.
3. I believe that this civil Complaint is well grounded in fact and warranted by existing law or by a good faith argument for the extension, modification, or reversal of existing law.
4. I believe that this civil Complaint is not interposed for any improper purpose, such as to harass any Defendant(s), cause unnecessary delay to any Defendant(s), or create a needless increase in the cost of litigation to any Defendant(s), named in the Complaint.
5. I have filed this civil Complaint in good faith and solely for the purposes set forth in it.
6. Each and every exhibit I have provided to my attorneys which has been attached to this Complaint is a true and correct copy of the original.
7. Except for clearly indicated redactions made by my attorneys where appropriate, I have not altered, changed, modified, or fabricated these exhibits, except that some of the attached exhibits may contain some of my own handwritten notations.

Erika Ren''ee Hunter

Erika Ren''ee Hunter

Dated:

Subscribed and sworn to me before me
this 16th day of December, 2014

Notary Public, _____ County, Michigan,
Acting in the County of _____
My Commission Expires: _____

JENNIFER SHIELDS
NOTARY PUBLIC - MICHIGAN
OAKLAND COUNTY
MY COMM. EXPIRES 9 / 19 / 2020

AMERICAN MEDICAL COLLECTION AGENCY
4 Westchester Plaza, Building 4
Elmsford, NY 10523

AMCA COLLECTION AGENCY

05303 0101

01 LR1 AUC 171 2084635586
ERIKA HUNTER
21054 GENTNER ST
WARREN, MI 48089-5113

Pin Number: [redacted]451
1-800-365-3638
1-914-345-7125

DELINQUENT ACCOUNT DELINQUENT ACCOUNT DELINQUENT AC

March 19, 2014

Dear Erika Hunter:

We have been authorized to contact you regarding your past due account for laboratory tests ordered by your physician. The amount due of **$193.94** is for laboratory tests performed by Quest Diagnostics. These services are separate from your physician's fees.

A claim has already been filed with your insurance company, and the balance due represents your copay, co-insurance or deductible. Your response may prevent further collection activity. You may pay us by phone, web address or mail. We ask that if you are paying by check, make checks payable to American Medical Collection Agency.

See the reverse side of this letter for important information about your rights. If you do not respond, you will be subject to additional collection efforts, which will include your account being reported to a National Credit Bureau.

1794-AMCA-138003-66780390-P; 235710-1-64; 34317242-1; 1

653413D (PC2)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

Detach and return this portion with payment using enclosed envelope.

Amount Due: $193.94

To pay online: www.payamcaonline.com
VISA MASTERCARD
Card #:
Exp. Date: Amount
Signature:
Client Code: AUC Account: 2084635586

AccountPay Number: [redacted]1245
LR1 AUC 171

AMCA
PO BOX 1235
ELMSFORD, NY 10523-0935

Service Provider:	**Quest Diagnostics Incorporated**
Date of Service:	**October 04, 2013**
Invoice Number:	[redacted]5586
Pin Number:	[redacted]2451
Name:	Erika Hunter
Street Address:	21054 Gentner St
City, State Zip:	Warren, MI 48089

Exhibit A

[redacted]5586+++++0

The disclosures below are required by state or federal law. This is not intended to be a complete statement of all rights consumers may have under state and federal law.

"This is an attempt to collect a debt. Any information obtained will be used for that purpose." This communication is from a debt collector.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice, that the debt or any portion thereof is disputed, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

For California: The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest, or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney, or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov. As required by law, you are hereby notified that a negative credit report reflecting on your credit score may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

State of North Carolina Permit #2087.

New York City Department of Consumer Affairs License Number 0886914

As required by Utah law, you are hereby notified that a negative credit report reflecting on your credit score may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

For Massachusetts: NOTICE OF IMPORTANT RIGHTS

YOU HAVE THE RIGHT TO MAKE A WRITTEN OR ORAL REQUEST THAT TELEPHONE CALLS REGARDING YOUR DEBT NOT BE MADE TO YOU AT YOUR PLACE OF EMPLOYMENT. ANY SUCH ORAL REQUEST WILL BE VALID FOR ONLY TEN DAYS UNLESS YOU PROVIDE WRITTEN CONFIRMATION OF THE REQUEST POSTMARKED OR DELIVERED WITHIN SEVEN DAYS OF SUCH REQUEST. YOU MAY TERMINATE THIS REQUEST BY WRITING TO THE DEBT COLLECTOR.

▲ Detach along this edge ▲
and return the bottom portion with your check or money order.
Include your account number, name and address on all correspondence.

Thank you for your attention to this matter.

For Colorado:
FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE WWW.COLORADOATTORNEYGENERAL.GOV/CA

A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking other action authorized by law to collect the debt.

Exhibit A

AMERICAN MEDICAL COLLECTION AGENCY
4 Westchester Plaza, Building 4
Elmsford, NY 10523

AMCA COLLECTION AGENCY

)0607 0101 01 LC1 A52 172 0007566

ERIKA HUNTER
21054 GENTNER ST
WARREN, MI 48089-5113

Pin Number: [redacted]2469
1-800-365-3638
1-914-345-7125

DELINQUENT ACCOUNT DELINQUENT ACCOUNT DELINQUENT AC

March 26, 2014

Dear Erika Hunter:

We have been authorized to contact you regarding your past due account with our client, **Quest Diagnostics Incorporated**, for laboratory tests ordered by your physician. These services are separate from your physician's fees. Our records indicate that your payment has not been received for the following accounts:

Date of Service	Account Number	Amount Due
10/04/2013	[redacted]5586	$193.94
10/04/2013	[redacted]7273	$59.15

Your total balance due is **$253.09**.

The accounts listed above are eligible for credit reporting. Some of your accounts may have already been reported to a National Credit Bureau.

Please call us to discuss your payment arrangements. If you do not respond, you will be subject to additional collection efforts.

1794-AMCA-138259-67071625-P; 236180-1-19; 34347947-1; 1

653413D (PC2)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION. **Detach and return this portion with payment using enclosed envelope.**

Amount Due: $253.09

Pay by mail or call us at 1-800-365-3638 VISA MASTER CARD
Card #
Exp. Date: Amount:
Signature:
Client Code: A52 Account: 0007566

Service Provider:	**Quest Diagnostics Incorporated**
Date of Service:	SEE ABOVE
Invoice Number:	[redacted]6A52
Pin Number:	[redacted]2469
Name:	Erika Hunter
Street Address:	21054 Gentner St
City, State Zip:	Warren, MI 48089

LC1 A52 146

AMCA
PO BOX 1235
ELMSFORD, NY 10523-0935

Exhibit B

[redacted]7566++++++++3

The disclosures below are required by state or federal law. This is not intended to be a complete statement of all rights consumers may have under state and federal law.

"This is an attempt to collect a debt. Any information obtained will be used for that purpose." This communication is from a debt collector.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice, that the debt or any portion thereof is disputed, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

For California: The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest, or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney, or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov. As required by law, you are hereby notified that a negative credit report reflecting on your credit score may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

State of North Carolina Permit #2087.

New York City Department of Consumer Affairs License Number 0886914

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For Massachusetts: NOTICE OF IMPORTANT RIGHTS

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▲ Detach along this edge ▲
and return the bottom portion with your check or money order.
Include your account number, name and address on all correspondence.

Thank you for your attention to this matter.

For Colorado:
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Exhibit B

AMERICAN MEDICAL COLLECTION AGENCY
4 Westchester Plaza, Building 4
Elmsford, NY 10523

AMCA
COLLECTION AGENCY

02184 0101 01 LC1 A52 172 0007566

ERIKA HUNTER
21054 GENTNER ST
WARREN, MI 48089-5113

Pin Number: [redacted]2469
1-800-365-3638
1-914-345-7125

DELINQUENT ACCOUNT DELINQUENT ACCOUNT DELINQUENT AC

April 09, 2014

Dear Erika Hunter:

We have been authorized to contact you regarding your past due account with our client, **Quest Diagnostics Incorporated**, for laboratory tests ordered by your physician. These services are separate from your physician's fees. Our records indicate that your payment has not been received for the following accounts:

Date of Service	Account Number	Amount Due
10/04/2013	[redacted]5586	$193.94
10/04/2013	[redacted]7273	$59.15
10/16/2013	[redacted]0452	$116.72

Your total balance due is **$369.81**.

The accounts listed above are eligible for credit reporting. Some of your accounts may have already been reported to a National Credit Bureau.

Please call us to discuss your payment arrangements. If you do not respond, you will be subject to additional collection efforts.

1794-AMCA-138891-67863066-P; 237619-1-18; 34402956-1; 1

653413D (PC2)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION. **Detach and return this portion with payment using enclosed envelope.**

Amount Due: **$369.81**

Pay by mail or call us at 1-800-365-3638
VISA MASTER CARD
Card #:
Exp. Date: Amount
Signature:
Client Code: A52 Account: 0007566

Service Provider:	**Quest Diagnostics Incorporated**
Date of Service:	SEE ABOVE
Invoice Number:	[redacted]6A52
Pin Number:	[redacted]2469
Name:	Erika Hunter
Street Address:	21054 Gentner St
City, State Zip:	Warren, MI 48089

LC1 A52 148

AMCA
PO BOX 1235
ELMSFORD, NY 10523-0935

Exhibit C

A523698100007566++++++++3

The disclosures below are required by state or federal law. This is not intended to be a complete statement of all rights consumers may have under state and federal law.

"This is an attempt to collect a debt. Any information obtained will be used for that purpose." This communication is from a debt collector.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice, that the debt or any portion thereof is disputed, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

For California: The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest, or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney, or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov. As required by law, you are hereby notified that a negative credit report reflecting on your credit score may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

State of North Carolina Permit #2087.

New York City Department of Consumer Affairs License Number 0886914

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▲ Detach along this edge ▲
and return the bottom portion with your check or money order.
Include your account number, name and address on all correspondence.

Thank you for your attention to this matter.

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FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE WWW.COLORADOATTORNEYGENERAL.GOV/CA

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Exhibit C

Quest Diagnostics

Do not use address below:
P.O. Box 7306
Hollister, MO 65673-7306

Laboratory Invoice

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Jan. 30, 2014	$116.72	Feb. 20, 2014

Invoice Number	Lab Code
[redacted]0452	AUM

AT 01 074830 40455B247 A**3DGT

AUM 22237671 0020004 [redacted]0452 6
HUNTER ERIKA
21054 GENTNER ST
WARREN, MI 48089-5113

Patient Name: HUNTER ERIKA
Responsible Party: HUNTER ERIKA
Date of Service: October 16, 2013
Requested By: E39769SHAH,BHANU J

THIRD NOTICE

This invoice is for laboratory tests performed at the request of the referring physician. Two prior requests for payment have been made and according to our records, payment has not been received. Please remit payment for the amount due immediately. Please do not ignore this notice. Thank you for using our laboratory.

Patient Amount Due: $116.72
Tax ID # [redacted]750

074830 1/1

For billing inquiries or to pay by phone:
Please have your invoice available for reference.
WEEKDAYS CLOSED 12:30-1:30PM 08:00 AM - 05:00 PM EST
1-800-678-6754
Fax: 1-248-377-2773
or visit our website at WWW.QUESTDIAGNOSTICS.COM/BILL
Se Habla Espanol 08:00AM-05:00PM _STR

If you have Medicare, Railroad Medicare or Medicaid as your primary or secondary insurance, please send us the information - see reverse side.
The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements.

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲

Quest Diagnostics

LOG ON NOW. Pay your bill online securely at
WWW.QUESTDIAGNOSTICS.COM/BILL
or call 1-800-678-6754.
Quest Diagnostics also accepts:

VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check.

☐ Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: AUM

Amount Due:	$116.72

Due Date: Feb. 20, 2014 **Invoice Number: [redacted]0452**

Patient Name: HUNTER ERIKA

Amount Enclosed:	$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
P.O. BOX 740020
CINCINNATI, OH 45274-0020

Exhibit D

01[redacted]045200011672401303480000000000000000009

Utilize our Quest Diagnostics **website to update your insurance information or make a payment at WWW.QUESTDIAGNOSTICS.COM/BILL**

Please update your **PRIMARY** insurance information at WWW.QUESTDIAGNOSTICS.COM/BILL or complete the form below with all requested information and return in the envelope provided. We will submit benefit claims to your insurance company if all required information is provided. Please make sure that the Quest Diagnostics address appears in the envelope window.

We participate with many insurance companies. If you have a specific question about your coverage, please contact your insurance company representative. You are responsible for all deductibles, co-insurance, copays, and any items not paid by your insurance.

Mail Correspondence / Insurance Information to:

QUEST DIAGNOSTICS
P.O. BOX 740020
CINCINNATI, OH 45274-0020

Fold here to return this portion to QUEST DIAGNOSTICS in the envelope provided. Be sure that address above is visible through the envelope window.

Invoice# [redacted]0452 | Date of Service **October 16, 2013** | Bill Code **01AA**

PATIENT INFORMATION

Patient's Name: _____ (First / MI / Last)
Patient's Phone #: _____
Patient's Social Security # _____
Gender ( ) Male ( ) Female
Patient's Date of Birth _____ MM/DD/YYYY

MEDICARE MEDICAID

Medicare ID #: (include all letter and numeric characters) _____
Medicaid ID #: (include all letter and numeric characters) _____
Please verify if Medicare is your primary insurance ( ) Yes ( ) No

INSURANCE INFORMATION

Insurance Company or Health Plan Name: _____
IPA or Medical Group Name: (If Applicable) _____
Claims Address: _____
Insurance Phone #: _____
Policyholder Name: _____
Policyholder's Employer: _____
Patient's relationship to the Policyholder ( ) Self ( ) Spouse ( ) Dependent

Please verify that this insurance plan is your primary insurance ( ) Yes ( ) No
Insurance ID # (include all Letter and Number characters)
Group # (include all Letter and Number characters)
If you have Medicare, Railroad Medicare, or Medicaid as your primary or secondary insurance coverage, please document this information in the spaces provided.

▲ Please fold along perforation and remit with payment in the envelope provided. ▲

Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL

If paying by credit card, please complete the following:

❑ Visa ❑ MasterCard
❑ American Express ❑ Discover

Cardholder authorizes the payment of this invoice by the issuer identified below and agrees to comply with the obligations set forth in the Cardholder Agreement with the issuer

Credit Card Number: _____
Expiration Date: _____ Payment Amount: _____
Cardholder Name: _____
Cardholder Signature: _____

Entity: AUM Invoice # [redacted]0452

Address Correction (Please Print)

_____
_____
_____
_____

Exhibit D

Quest Diagnostics

Do not use address below:
P.O. Box 7306
Hollister, MO 65673-7306

Laboratory Invoice

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Feb. 13, 2014	$193.94	Mar. 06, 2014

Invoice Number	Lab Code
[redacted]5586	AUM

AT 01 036391 52075B131 C**3DGT

AUM 22237671 0019866 [redacted]5586 7
HUNTER ERIKA
21054 GENTNER ST
WARREN, MI 48089-5113

Patient Name: HUNTER ERIKA
Responsible Party: HUNTER ERIKA
Date of Service: October 04, 2013
Requested By: E39769SHAH,BHANU J

FOURTH NOTICE

FINAL PAST DUE NOTICE

This is the final notice you will receive from our office to inform you this invoice is seriously past due. Please make payment immediately to prevent your account from being forwarded to a licensed collection agency for further collection action.

If further action is necessary, you may also be liable for additional expenses and costs, as permitted by law, which can substantially increase the amount you owe.

Please contact us today and do not ignore this notice. Thank you for using our laboratory.

Patient Amount Due: $193.94
Tax ID # [redacted]2750

For billing inquiries or to pay by phone:
Please have your invoice available for reference.
WEEKDAYS CLOSED 12:30-1:30PM 08:00 AM - 05:00 PM EST
1-800-678-6754
Fax: 1-248-377-2773
or visit our website at WWW.QUESTDIAGNOSTICS.COM/BILL
Se Habla Espanol 08:00AM-05:00PM Hora Estándar del Este

If you have Medicare, Railroad Medicare or Medicaid as your primary or secondary insurance, please send us the information - see reverse side

The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements.

▲ Please fold and tear along perforation and remit with payment in the envelope provided ▲

Quest Diagnostics

LOG ON NOW. Pay your bill online securely at
WWW.QUESTDIAGNOSTICS.COM/BILL
or call 1-800-678-6754.
Quest Diagnostics also accepts:

VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check.

☐ Check here if address has changed.
Please provide your new address information on the back.

Quest Diagnostics reserves the right to assign this receivable to any of its affiliates

Lab Code: AUM

Amount Due:	$193.94
Due Date: Mar. 06, 2014	Invoice Number: [redacted]5586

Patient Name: HUNTER ERIKA

Amount Enclosed:	$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
P.O. BOX 740020
CINCINNATI, OH 45274-0020

Exhibit E

01[redacted]3558600019394402134480000000000000003

Utilize our Quest Diagnostics website to update your insurance information or make a payment at WWW.QUESTDIAGNOSTICS.COM/BILL.

Please update your **PRIMARY** insurance information at WWW.QUESTDIAGNOSTICS.COM/BILL or complete the form below with all requested information and return in the envelope provided. We will submit benefit claims to your insurance company if all required information is provided. Please make sure that the Quest Diagnostics address appears in the envelope window.

We participate with many insurance companies. If you have a specific question about your coverage, please contact your insurance company representative. You are responsible for all deductibles, co-insurance, copays, and any items not paid by your insurance.

Mail Correspondence / Insurance Information to:

QUEST DIAGNOSTICS
P.O. BOX 740020
CINCINNATI, OH 45274-0020

Fold here to return this portion to QUEST DIAGNOSTICS in the envelope provided. Be sure that address above is visible through the envelope window.

Invoice# [redacted]5586 | Date of Service **October 04, 2013** | Bill Code **01AA**

PATIENT INFORMATION

Patient's Name: _____ (First / MI / Last)
Patient's Phone #: _____
Patient's Social Security # _____
Gender ( ) Male ( ) Female
Patient's Date of Birth _____ (MM/DD/YYYY)

MEDICARE MEDICAID

Medicare ID #: (include all letter and numeric characters) _____
Medicaid ID #: (include all letter and numeric characters) _____
Please verify if Medicare is your primary insurance ( ) Yes ( ) No

INSURANCE INFORMATION

Insurance Company or Health Plan Name: _____
IPA or Medical Group Name: (If Applicable) _____
Claims Address _____
Insurance Phone # _____
Policyholder Name _____
Policyholder's Employer: _____
Patient's relationship to the Policyholder: ( ) Self ( ) Spouse ( ) Dependent

Please verify that this insurance plan is your primary insurance ( ) Yes ( ) No

Insurance ID # (include all Letter and Number characters)

Group # (include all Letter and Number characters)

If you have Medicare, Railroad Medicare, or Medicaid as your primary or secondary insurance coverage, please document this information in the spaces provided.

▲ Please fold along perforation and remit with payment in the envelope provided. ▲

Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL

If paying by credit card, please complete the following:

❑ Visa ❑ MasterCard
❑ American Express ❑ Discover

Cardholder authorizes the payment of this invoice by the issuer identified below and agrees to comply with the obligations set forth in the Cardholder Agreement with the issuer.

Entity: AUM Invoice # 2084635586

Address Correction (Please Print)

_____
_____
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_____

Credit Card Number: _____
Expiration Date: _____ Payment Amount: _____
Cardholder Name: _____
Cardholder Signature: _____

Exhibit E

Quest Diagnostics

Do not use address below:
P.O. Box 7306
Hollister, MO 65673-7306

AT 01 043658 56789E147 B**3DGT
AUM 22237671 0019872 [redacted]7273 7
HUNTER ERIKA
21054 GENTNER ST
WARREN, MI 48089-5113

Laboratory Invoice

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Feb. 20, 2014	$59.15	Mar. 13, 2014

Invoice Number	Lab Code
[redacted]7273	AUM

Patient Name: HUNTER ERIKA
Responsible Party: HUNTER ERIKA
Date of Service: October 04, 2013
Requested By: E39769SHAH,BHANU J

FOURTH NOTICE

FINAL PAST DUE NOTICE

This is the final notice you will receive from our office to inform you this invoice is seriously past due. Please make payment immediately to prevent your account from being forwarded to a licensed collection agency for further collection action.

If further action is necessary, you may also be liable for additional expenses and costs, as permitted by law, which can substantially increase the amount you owe.

Please contact us today and do not ignore this notice. Thank you for using our laboratory.

Patient Amount Due: $59.15
Tax ID # [redacted]2750

For billing inquiries or to pay by phone:
Please have your invoice available for reference.
WEEKDAYS CLOSED 12:30-1:30PM 08:00 AM - 05:00 PM EST
1-800-678-6754
Fax: 1-248-377-2773
or visit our website at WWW.QUESTDIAGNOSTICS.COM/BILL
Se Habla Espanol 08:00AM-05:00PM Hora Estándar del Este

If you have Medicare, Railroad Medicare or Medicaid as your primary or secondary insurance, please send us the information - see reverse side.

The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements.

043658 1/1

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲

Quest Diagnostics

Lab Code: AUM

Amount Due:	$59.15

Due Date: Mar. 13, 2014 **Invoice Number:** [redacted]7273

Patient Name: HUNTER ERIKA

Amount Enclosed:	$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

LOG ON NOW. Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL or call 1-800-678-6754.
Quest Diagnostics also accepts:

VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check.

☐ Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
P.O. BOX 740020
CINCINNATI, OH 45274-0020

Exhibit F

01[redacted]7273000059153022044800000000000000004

Utilize our Quest Diagnostics **website to update your insurance information or make a payment at WWW.QUESTDIAGNOSTICS.COM/BILL.**

Please update your **PRIMARY** insurance information at WWW.QUESTDIAGNOSTICS.COM/BILL or complete the form below with all requested information and return in the envelope provided. We will submit benefit claims to your insurance company if all required information is provided. Please make sure that the Quest Diagnostics address appears in the envelope window.

We participate with many insurance companies. If you have a specific question about your coverage, please contact your insurance company representative. You are responsible for all deductibles, co-insurance, copays, and any items not paid by your insurance.

Mail Correspondence / Insurance Information to:

QUEST DIAGNOSTICS
P.O. BOX 740020
CINCINNATI, OH 45274-0020

Fold here to return this portion to QUEST DIAGNOSTICS in the envelope provided. Be sure that address above is visible through the envelope window.

Invoice# [redacted]7273 | Date of Service **October 04, 2013** | Bill Code **01AA**

PATIENT INFORMATION

Patient's Name _____ (First / MI / Last)
Patient's Phone # _____
Patient's Social Security # _____
Gender ( ) Male ( ) Female
Patient's Date of Birth _____ (MM/DD/YYYY)

MEDICARE MEDICAID

Medicare ID #: (include all letter and numeric characters) _____
Medicaid ID #: (include all letter and numeric characters) _____
Please verify if Medicare is your primary insurance ( ) Yes ( ) No

INSURANCE INFORMATION

Insurance Company or Health Plan Name: _____
IPA or Medical Group Name: (If Applicable) _____
Claims Address _____
Insurance Phone #: _____
Policyholder Name _____
Policyholder's Employer: _____
Patient's relationship to the Policyholder: ( ) Self ( ) Spouse ( ) Dependent

Please verify that this insurance plan is your primary insurance ( ) Yes ( ) No
Insurance ID # (include all Letter and Number characters)
Group # (include all Letter and Number characters)
If you have Medicare, Railroad Medicare, or Medicaid as your primary or secondary insurance coverage, please document this information in the spaces provided.

▲ Please fold along perforation and remit with payment in the envelope provided. ▲

Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL

Entity: AUM Invoice # 2087277273

Address Correction (Please Print)

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If paying by credit card, please complete the following:

❑ Visa ❑ MasterCard
❑ American Express ❑ Discover

Cardholder authorizes the payment of this invoice by the issuer identified below and agrees to comply with the obligations set forth in the Cardholder Agreement with the issuer.

Credit Card Number: _____
Expiration Date: _____ Payment Amount: _____
Cardholder Name: _____
Cardholder Signature: _____

Exhibit F

Quest Diagnostics

Do not use address below:
P.O. Box 7306
Hollister, MO 65673-7306

AB 01 001776 62857 B 7 A

AUM 22237671 0019866 [redacted]5586 8
ERIKA HUNTER
21054 GENTNER ST
WARREN, MI 48089-5113

PRE-COLLECTIONS DEPARTMENT

February 28, 2014

Attention: ERIKA HUNTER
Invoice Number: [redacted]586

Your Account with QUEST DIAGNOSTICS is now approaching 90 days past due.

The total unpaid balance is $193.94. As explained on previous bills this balance represents your co-payment and/or deductible for clinical laboratory testing that was ordered by your physician and performed by QUEST DIAGNOSTICS.

Please remit payment in full immediately or your account will be released to an external collection agency.

If you have any questions or concerns about this letter, please call us at 1-800-678-6754.

Please return the bottom portion of this letter along with your full payment in the enclosed envelope. To ensure that your account gets credited properly, please write the invoice number in the memo section of your check and mail payment promptly to the address listed below. OR you may access our web site WWW.QUESTDIAGNOSTICS.COM/BILL and pay the bill online.

001776 1/1

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲

Quest Diagnostics

Lab Code: AUM

Amount Due:	$193.94
Due Date: Oct. 04, 2013	Invoice Number: [redacted]5586

Patient Name: ERIKA HUNTER

Amount Enclosed:	$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

LOG ON NOW. Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL or call 1-800-678-6754.
Quest Diagnostics also accepts:

VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check.

☐ Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

MAIL PAYMENTS ONLY TO:
QUEST DIAGNOSTICS
P.O. BOX 740020
CINCINNATI, OH 45274-0020

Exhibit G

01[redacted]5586000193944022844800000000000000006

▲ Please fold along perforation and remit with payment in the envelope provided. ▲

Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL

If paying by credit card, please complete the following:

❑ Visa ❑ MasterCard

❑ American Express ❑ Discover

Cardholder authorizes the payment of this invoice by the issuer identified below and agrees to comply with the obligations set forth in the Cardholder Agreement with the issuer.

Entity: AUM **Invoice #** [redacted]5586

Address Correction (Please Print)

Credit Card Number: _____

Expiration Date: _____ Payment Amount: _____

Cardholder Name: _____

Cardholder Signature: _____

Exhibit G

Quest Diagnostics

Do not use address below:
P.O. Box 7306
Hollister, MO 65673-7306

AB 01 000681 66921 B 3 A

AUM 22237671 0020004 [redacted]0452 7
HUNTER ERIKA
21054 GENTNER ST
WARREN, MI 48089-5113

Laboratory Invoice

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Mar. 05, 2014	$116.72	Mar. 26, 2014

Invoice Number	Lab Code
[redacted]0452	AUM

Patient Name: HUNTER ERIKA
Responsible Party: HUNTER ERIKA
Date of Service: October 16, 2013
Requested By: E39769SHAH,BHANU J

FOURTH NOTICE

FINAL PAST DUE NOTICE

This is the final notice you will receive from our office to inform you this invoice is seriously past due. Please make payment immediately to prevent your account from being forwarded to a licensed collection agency for further collection action.

If further action is necessary, you may also be liable for additional expenses and costs, as permitted by law, which can substantially increase the amount you owe.

Please contact us today and do not ignore this notice. Thank you for using our laboratory.

Patient Amount Due: $116.72
Tax ID # [redacted]2750

For billing inquiries or to pay by phone:
Please have your invoice available for reference.
WEEKDAYS CLOSED 12:30-1:30PM 08:00 AM - 05:00 PM EST
1-800-678-6754
Fax: 1-248-377-2773
or visit our website at WWW.QUESTDIAGNOSTICS.COM/BILL
Se Habla Espanol 08:00AM-05:00PM Hora Estándar del Este

If you have Medicare, Railroad Medicare or Medicaid as your primary or secondary insurance, please send us the information - see reverse side.

The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements.

000681 1/1

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲

Quest Diagnostics

LOG ON NOW. Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL or call 1-800-678-6754.
Quest Diagnostics also accepts:

VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check

☐ Check here if address has changed.
Please provide your new address information on the back.

Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: AUM

Amount Due:	$116.72
Due Date: Mar. 26, 2014	Invoice Number: [redacted]0452

Patient Name: HUNTER ERIKA

Amount Enclosed:	$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
P.O. BOX 740020
CINCINNATI, OH 45274-0020

Exhibit H

01[redacted]0452000116724030544800000000000000006

Utilize our Quest Diagnostics website to update your insurance information or make a payment at WWW.QUESTDIAGNOSTICS.COM/BILL

Please update your **PRIMARY** insurance information at WWW.QUESTDIAGNOSTICS.COM/BILL or complete the form below with all requested information and return in the envelope provided. We will submit benefit claims to your insurance company if all required information is provided. Please make sure that the Quest Diagnostics address appears in the envelope window.

We participate with many insurance companies. If you have a specific question about your coverage, please contact your insurance company representative. You are responsible for all deductibles, co-insurance, copays, and any items not paid by your insurance.

Mail Correspondence / Insurance Information to:

QUEST DIAGNOSTICS
P.O. BOX 740020
CINCINNATI, OH 45274-0020

Fold here to return this portion to QUEST DIAGNOSTICS in the envelope provided. Be sure that address above is visible through the envelope window.

Invoice# [redacted]0452 | Date of Service **October 16, 2013** | Bill Code **01AA**

PATIENT INFORMATION

Patient's Name: _____ (First / MI / Last)
Patient's Phone #: _____
Patient's Social Security # _____
Gender ( ) Male ( ) Female
Patient's Date of Birth _____ (MM/DD/YYYY)

MEDICARE MEDICAID

Medicare ID # (include all letter and numeric characters) _____
Medicaid ID # (include all letter and numeric characters) _____
Please verify if Medicare is your primary insurance ( ) Yes ( ) No

INSURANCE INFORMATION

Insurance Company or Health Plan Name: _____
IPA or Medical Group Name: (If Applicable) _____
Claims Address _____
Insurance Phone #: _____
Policyholder Name _____
Policyholder's Employer: _____
Patient's relationship to the Policyholder: ( ) Self ( ) Spouse ( ) Dependent

Please verify that this insurance plan is your primary insurance ( ) Yes ( ) No
Insurance ID # (include all Letter and Number characters)
Group # (include all Letter and Number characters)
If you have Medicare, Railroad Medicare, or Medicaid as your primary or secondary insurance coverage, please document this information in the spaces provided.

▲ Please fold along perforation and remit with payment in the envelope provided. ▲

Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL

Entity: AUM Invoice # 2127630452

Address Correction (Please Print)

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If paying by credit card, please complete the following:

❑ Visa ❑ MasterCard
❑ American Express ❑ Discover

Cardholder authorizes the payment of this invoice by the issuer identified below and agrees to comply with the obligations set forth in the Cardholder Agreement with the issuer.

Credit Card Number: _____
Expiration Date _____ Payment Amount: _____
Cardholder Name: _____
Cardholder Signature: _____

Exhibit H

Quest Diagnostics

Do not use address below:
P.O. Box 7306
Hollister, MO 65673-7306

AT 01 033057 67766E112 B**3DGT

AUM 22237671 0019872 [redacted]7273 8
ERIKA HUNTER
21054 GENTNER ST
WARREN, MI 48089-5113

PRE-COLLECTIONS DEPARTMENT

March 06, 2014

Attention: ERIKA HUNTER
Invoice Number: [redacted]7273

Your Account with QUEST DIAGNOSTICS is now approaching 90 days past due.

The total unpaid balance is $59.15. As explained on previous bills this balance represents your co-payment and/or deductible for clinical laboratory testing that was ordered by your physician and performed by QUEST DIAGNOSTICS.

Please remit payment in full immediately or your account will be released to an external collection agency.

If you have any questions or concerns about this letter, please call us at 1-800-678-6754.

Please return the bottom portion of this letter along with your full payment in the enclosed envelope. To ensure that your account gets credited properly, please write the invoice number in the memo section of your check and mail payment promptly to the address listed below. OR you may access our web site WWW.QUESTDIAGNOSTICS.COM/BILL and pay the bill online.

033057 1/1

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲

Quest Diagnostics

Lab Code: AUM

Amount Due:	$59.15

Due Date: Oct. 04, 2013 **Invoice Number:** [redacted]7273

Patient Name: ERIKA HUNTER

Amount Enclosed:	$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

LOG ON NOW. Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL or call 1-800-678-6754.
Quest Diagnostics also accepts:

VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check.

☐ Check here if address has changed.
Please provide your new address information on the back.

Quest Diagnostics reserves the right to assign this receivable to any of its affiliates

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
P.O. BOX 740020
CINCINNATI, OH 45274-0020

Exhibit I

01[redacted]7273000059153030644800000000000000001

▲ Please fold along perforation and remit with payment in the envelope provided. ▲

Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL

If paying by credit card, please complete the following:

❑ Visa ❑ MasterCard

❑ American Express ❑ Discover

Cardholder authorizes the payment of this invoice by the issuer identified below and agrees to comply with the obligations set forth in the Cardholder Agreement with the issuer.

Entity: AUM **Invoice #** [redacted]7273

Address Correction (Please Print)

_____

_____

_____

_____

Credit Card Number: _____

Expiration Date: _____ Payment Amount: _____

Cardholder Name: _____

Cardholder Signature: _____

Exhibit I

Quest Diagnostics

Do not use address below:
P.O. Box 7306
Hollister, MO 65673-7306

AB 01 001017 77067 B 4 A

AUM 22237671 0020004 [redacted]0452 8
ERIKA HUNTER
21054 GENTNER ST
WARREN, MI 48089-5113

PRE-COLLECTIONS DEPARTMENT

March 19, 2014

Attention: ERIKA HUNTER
Invoice Number: [redacted]0452

Your Account with QUEST DIAGNOSTICS is now approaching 90 days past due.

The total unpaid balance is $116.72. As explained on previous bills this balance represents your co-payment and/or deductible for clinical laboratory testing that was ordered by your physician and performed by QUEST DIAGNOSTICS.

Please remit payment in full immediately or your account will be released to an external collection agency.

If you have any questions or concerns about this letter, please call us at 1-800-678-6754.

Please return the bottom portion of this letter along with your full payment in the enclosed envelope. To ensure that your account gets credited properly, please write the invoice number in the memo section of your check and mail payment promptly to the address listed below. OR you may access our web site WWW.QUESTDIAGNOSTICS.COM/BILL and pay the bill online.

001017 1/1

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲

Quest Diagnostics

Lab Code: AUM

Amount Due:	$116.72
Due Date: Oct. 16, 2013	Invoice Number: [redacted]0452

Patient Name: ERIKA HUNTER

Amount Enclosed:	$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

LOG ON NOW. Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL or call 1-800-678-6754.
Quest Diagnostics also accepts:

VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check

☐ Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
P.O. BOX 740020
CINCINNATI, OH 45274-0020

Exhibit J

01[redacted]045200011672403194480000000000000000000

▲ Please fold along perforation and remit with payment in the envelope provided. ▲

Pay your bill online securely at WWW.QUESTDIAGNOSTICS.COM/BILL

If paying by credit card, please complete the following:

❑ Visa ❑ MasterCard

❑ American Express ❑ Discover

Cardholder authorizes the payment of this invoice by the issuer identified below and agrees to comply with the obligations set forth in the Cardholder Agreement with the issuer.

Entity: AUM **Invoice #** [redacted]0452

Address Correction (Please Print)

_____

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_____

Credit Card Number: _____

Expiration Date: _____ Payment Amount: _____

Cardholder Name: _____

Cardholder Signature: _____

Exhibit J

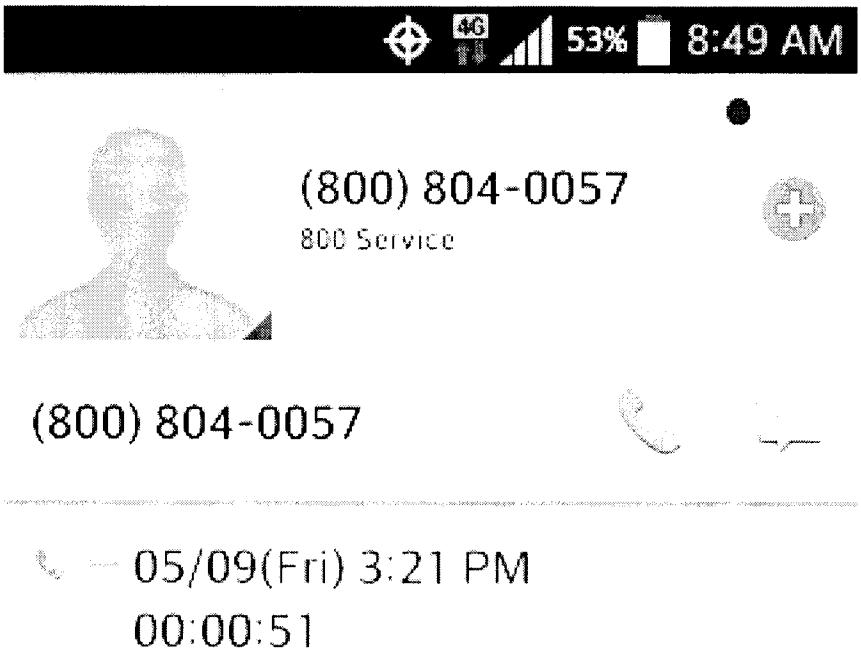
53% 8:49 AM
(800) 804-0057
800 Service
(800) 804-0057
05/09(Fri) 3:21 PM
00:00:51

Exhibit K